HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

	<u> </u>		
NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)		
AKANA, Rowena N.	Trustee, Office of Hawaiian Affairs		
·	TERM OF OFFICE (Begin/End): 1200-400 + 1200-400		
	1990 /2006		
FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERE	STS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.		

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES BENDERED
7,37,00,31	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Office of Hawaiian Affairs 711 Kapiolani Blvd. Ste. 1250 Honolulu, HI 96813	\$ 41,000 -0	0 Trustee
1Chack har	re if entry is None	[]Cho	ck here if additional sheets are attach

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

the State I	e State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.				
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
				- to a set of the bod	
[]Chec	[]Check here if entry is None []Check here if additional sheets are attached			ets are attached	

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ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

F,SP, DC,JT PERIOD

Comparison of the disclosure period and the date of transfer.

Comparison of the disclosure period and the date of transfer.

Comparison of the disclosure period and the date of transfer.

Comparison o

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	Territorial Savings & Loan	\$224,000.00	\$199,000.00

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
	Bonjon LLC 91-226 Kauhi Street Kapolei, HI 96707 Formal Wear Company Partnership Spouse: Ronald Bongiovonni			

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD. EXCLUDING PERSONAL RESIDENCE(S)

	THE STATE OF THE S		
List intere	ests in real property in or outside of the State held during the di	sclosure period, if the interest has a value	of \$10,000 or more.
Real prop	perty that is your personal residence or the personal residence	of your spouse or dependent children nee	d not be listed.
F.SP.	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX	VALUE

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
F	5562 Kalanianaole Hwy Honolulu, HI 96821	1-3-7-9-10	\$700,000.00
	•		
	,		
[]Check here if entry is None []Check here if additional sheets are attached			

[]Check here if entry is None		[]Check here if additional	sheets are attach
ITEM 7: INTERESTS IN REA	L PROPERTY ACQUIRED.	EXCLUDING PERSONAL RESID	ENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)
List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
	·		

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
[]Check here if entry is None []Check here if additional sheets are attached	

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII	06 MAY -8 A11 :30
I 1Check he	ere if entry is None	[]Check	here if additional sheets	are attached

[]Check here if additional sheets are attached CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

5/4/06 DATE

FORM D-201 Revised 11/05

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